

L 3981-61  
COPY 1 OF 2

June 22, 1961  
REF: 9019-61-11C

Dear Jim:

Transmitted herewith are Invoices #10 and #11 on Task Order #1 on Contract BB-425. We would appreciate your processing this for payment.

Very truly yours,

[Redacted]

Contracts Manager

STAT

HAM:pjf

Enclosures (2)

19, Hd 12 Z 92 Nup

**INVOICE****Itek****Itek Corporation**

Waltham 54, Massachusetts

muff /  
3991-61  
COPY OF

**SOLD TO:****SHIPPED TO:****INVOICE DATE** 6/19/61**INVOICE NO.** 10

terms, net cash

<b>YOUR ORDER NO.</b>	<b>GOV'T CONTRACT NO.</b>	<b>SHIPPED VIA -</b>	
	BB-425, Job 1		9019

PERIOD COVERED: INCEPTION THRU 5/15/61OVERHEAD ADJUSTMENT

Direct Labor	\$ 5,489.59
Overhead	8,381.16
Materials	<u>702.09</u>
Total Manufacturing Cost	14,572.84
General Administration	<u>1,650.36</u>
Total	16,223.20
Previously Billed by Itek	16,170.62
Net Amount Due on this Invoice	<u>\$ 52.58</u>

I certify that the above bill is correct and just  
 and that payment has not been received. Payment is  
 requested on a provisional basis pending the estab-  
 lishment of accepted overhead rates.

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STAT

surer

-9019-

Invoice No. 10

OVERHEAD ADJUSTMENTSPeriod Covered: 4/1/61 thru 5/15/61

	Total Costs Incurred <u>4/1-5/15/61</u>	Semi-Monthly Billing <u>Inv.#7-9</u>	
<u>Direct Labor</u> Engineering	\$ 2,553.12	\$ 2,553.12	\$ -0-
<u>Overhead</u> Engineering @ 150%	3,829.62	3,957.34	(127.72)
<u>Materials</u>	53.26	53.26	-0-
Total Manufacturing Cost	6,436.00	6,563.72	(127.72)
General Administration @ 13%	836.68	656.38	180.30
<u>Total</u>	<u>\$ 7,272.68</u>	<u>\$ 7,220.10</u>	<u>\$ 52.58</u>



**INVOICE**  
**Itek Corporation**  
Waltham 54, Massachusetts

<sup>6</sup>  
Encl #2  
DPD 3981-61  
COPY OF

**SOLD TO:**

**SHIPPED TO:**

**INVOICE DATE** 6/19/61

**INVOICE NO.** 11

terms, net cash

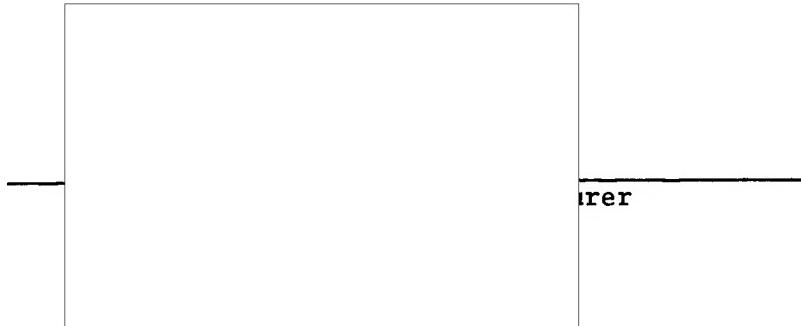
YOUR ORDER NO.	GOV'T CONTRACT NO.	SHIPPED VIA -	9019
	BB-425 2nd/		

PERIOD COVERED: INCEPTION THRU 5/31/61

Direct Labor	\$ 6,349.92
Overhead	9,671.65
Materials	693.83
Total Manufacturing Cost	16,715.40
General Administration	1,928.89
<b>Total</b>	<b>18,644.29</b>
Previously Billed by Itek	16,223.20
<b>Net Amount Due on this Invoice</b>	<b>\$ 2,421.09</b>

I certify that the above bill is correct and just  
and that payment has not been received. Payment is  
requested on a provisional basis pending the estab-  
lishment of accepted overhead rates.

STAT



-9019-

Invoice No. 11

PERIOD COVERED: 5/16 thru 5/31/61

Direct Labor

Engineering \$ 860.33

Overhead

Engineering @ 150% 1,290.49

Materials (8.26)

Total Manufacturing Cost 2,142.56

General Administration @ 13% 278.53

Total \$ 2,421.09

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. VOU. NO. \_\_\_\_\_

Use continuation sheet(s) if necessary

BU. VOU. NO. \_\_\_\_\_

U. S. \_\_\_\_\_

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

Payee's Account No. \_\_\_\_\_

Discount Terms \_\_\_\_\_

TO \_\_\_\_\_

ITEK Corporation

(Payee)

Boston, Massachusetts

(Address)

PAID BY

Contract No. BB 425 Task 1 Date \_\_\_\_\_  
Shipped from \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_  
Weight \_\_\_\_\_ Govt. B/L No. \_\_\_\_\_

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		Invoice No. 10 (Orig. Inv. Att) 11 (Orig. Inv. Att)				\$ 52.58 2,421.09
TOTAL						\$2,473.67

(PAYEE MUST NOT USE THIS SPACE)

PAYMENT:

- COMPLETE   
PARTIAL   
FINAL   
PROGRESS   
ADVANCE

DIFFERENCES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Amount verified; correct for \_\_\_\_\_  
(Signature or initials) *✓ 2673.67*

STAT

† Approved for \_\_\_\_\_ = \$ \_\_\_\_\_

STAT

By \_\_\_\_\_

*29 JUN 1961*

Title \_\_\_\_\_

(Date)

Exchange rate \_\_\_\_\_ = \$1.00

*ng Officer*

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR

ACCOUNTING CLASSIFICATION (Appropriation Symbol) \_\_\_\_\_

Paid by Check No. \_\_\_\_\_ on Treasurer of the United States  
Check No. \_\_\_\_\_ on \_\_\_\_\_ (Name of Bank)

Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19 \_\_\_\_\_ Payee \_\_\_\_\_

\* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_  
Title \_\_\_\_\_